

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001737

Entity Name: MARY L.PEPINE, M.D., PLLC

Current Principal Place of Business:

727 SOUTH FL. AVE
LAKELAND, FL 33801

Current Mailing Address:

727 SOUTH FL. AVE
LAKELAND, FL 33801

FEI Number: 01-0577733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KALISH, WILLIAM
401 EAST JACKSON STREET
SUITE 3100
TAMPA, FL 33602-5228 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name PEPINE, MARY LYNN MD
Address 5123 HIGHLANDS LAKEVIEW LOOP
City-State-Zip: LAKELAND FL 33812

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY PEPINE _____

MD

01/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date